

## **Confined Space Entry Permit**

Name of Site:												
Address of Site:												
Description of Work:												
·												
Authorized By (AES Print)				Signa	ture							
Date Opened		Time Opened										
Authorized Attendant(s) Attendant cannot be Entrant												
	Print Name		Signature									
Authorized Ent												
Print Name				Signature								
D ( () 10			_		_							
Potential Space			[									
Oxygen D Oxygen E			Flammable gases/vapors >10% LEL Toxic gases/vapors greater than PEL									
Mechanic			10xic gases/vapors greater than FLL									
(Circle Haza	ryaradiio	Electrical Hazards										
Corrosive				Engulfment								
	Fall Hazard				Cold/F	łumidity (Circle Hazard)						
Traffic			Noise									
Lighting												
Other (Des	scribe)											
Equipment Rec	nuired For Ent	ry Work (Check All	That Ann	Jv)								
	Air Line(List Co		παι Αμμ	iy)								
I .	Tripod – Lifeline				Harness							
	Eye Protection				Hand							
Foot	,				Hearing							
	Garment (Type)				Mechanical or Natural Ventilation							
	Communications (Type)				Gas Detector							
Escape B	· / <del>-</del> \											
	/ Rescue Equip	ment (Type)										
Other (De	iscribe)											
Pre-Entry Proc	edures (Check 4	JI That Apply)										
	re-Entry Procedures (Check All That Apply)  Entry Point Into Space Barricaded				Ventilation (Mechanical – Natural)							
		ergized Equip.		Length of Ventilation:								
	Permit (Attack	•		Mechanical/Pneumatic/Hydraulic Isolation								
	Traffic Control					Lighting (Intrinsically Safe)						
Other (De	Other (Describe)											

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## **Confined Space Entry Permit**

				spheric	Testin						
Date	Meter Number		er				Meter Number				
		Yes No	Ву			(Sign	ature)				
Meter Calibrated On		Ву									
**15-Minute Interval Frequency (Maximum)** Use Additional Sheets as Needed											
Parameter	Acceptable Entry Reading			Record Readings – Add addition sheets as needed							
Enter Time →											
Oxygen	19.5% 23.59	%									
LEL	Below 10%										
H₂S	Below 10ppm										
СО	Below 35ppm										
Other											
Other Monitoring Needed   Yes   No   Notified Program Administrator   Yes   No											
Indicator Tube PID Other											
Readings (				I							
	g Performed B	By:			Sig	nature	)				
Comments - Add addition sheets as needed											
	Canceled By						ate		Time		
Canceled [	Due to Un-Acc	ceptable Conc	litions	Yes	No	If Yes,	Descri	be con	ditions	in comr	nents
	Telepho	one Number									
Tempe Fire	911	1									
Tempe St. Luke's Hospital			784	784-5656 <b>EMERGENCY 91</b>						1	
Water Stillies Control Scritch 500 2005 ==============================											
Program Administrator, Scott Mosley 350-8877											

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 EH&S Completed Permit Review Date: \_\_\_\_\_
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